



Kaiser Permanente Educational Loan Repayment for Safety-Net Clinical Support Staff Program

Background: Colorado Community Health Network (CCHN) was funded by the Kaiser Permanente Community Health Fund to administer a loan repayment program for clinical support staff as part of the *Preparing the Safety-Net for the Future of Health Care* initiative. Clinical support staff do not qualify for loan repayment programs available to clinical staff at safety-net clinics, so this loan repayment program will help close this gap. Clinical support staff will play an essential role in implementing health care reform, and safety-net clinics benefit from retaining high performing staff. Loan repayment will help ease the burden of prior educational debt for clinical support staff in exchange for a one year service commitment to the safety-net clinic.

About CCHN: CCHN represents Colorado's 20 Community Health Centers (CHCs) that together comprise the backbone of the primary health care safety-net in Colorado. Since its inception in 1982, CCHN has made significant strides in ensuring that Colorado's low income residents have access to affordable, high quality, primary health care. CCHN is committed to 1) educating policy makers and stakeholders about the unique needs of Community Health Centers and their patients, 2) providing resources to ensure that CHCs are strong organizations, and 3) supporting CHCs in maintaining the highest quality care.

Purpose: The Kaiser Permanente Educational Loan Repayment for Safety-Net Clinical Support Staff program will help modernize and expand the safety-net workforce by supporting recruitment and retention of high performing clinical support staff committed to serving in underserved areas.

Selection Process: All applicants will be reviewed and scored by a selection committee comprised of association staff representing the safety-net clinics. Applications will be considered based on criteria specified in the application below. Applications considered strong will be those with a commitment to serving the underserved as demonstrated through a written personal statement and supervisor letter of support. Applications must be complete with supporting documentation to be considered, and applicants must be in good standing with their employer.

Application Process Overview: Applicants who submit all required paperwork by November 14, 2016, will be considered for loan repayment. Applicants will be notified of award decisions within two months of the application due date. Loan repayments will be made directly to the loan servicing companies in one lump sum approximately in mid-January 2017.

Awards: Applicants are eligible to receive up to \$10,000 in loan repayment, dependent on their completed years of service at their place of employment. Loan repayment awards will be made using the following tiered approach based on length of employment:

- 6-12 months will be eligible for up to \$6,000
- 1-3 years will be eligible for up to \$7,500
- 3+ years will be eligible for up to \$10,000

Eligibility Requirements

Applicant must be clinical support staff who has worked at least six months at a safety-net clinic in Colorado. Applicant must have successfully completed a certificate or degree at an accredited health professions training institution. Loan repayment requests must be for educational expenses related to the health professions training and the applicant's current position. Applicants who meet the requirements listed below are eligible to apply.

Safety-Net Clinic Requirements: Applicants who work at ClinicNET clinics, Rural Health Clinics, and Community Health Centers in Colorado are eligible to apply.

Clinic site must:

- Be in a federally designated health professions shortage area (HPSA);
- Provide primary care medical, dental, or mental and behavioral health services;
- Provide services regardless of a patient's ability to pay;
- Accept Medicaid, Medicare, and the Children's Health Insurance Plan (CHIP), and
- Have a sliding fee scale that includes providing services on a free or reduced schedule basis to individuals at or below 200 percent of the federal poverty level.

Employment Requirements: Application is open to clinical support staff who *work directly with patients* to provide medical, dental, and behavioral health procedures.

Additionally, applicants must:

- Be a current full-time employee in good standing at a safety-net clinic in Colorado working at least 40 hours per week;
- Have completed at least six months of employment;
- Be working in a position relevant to their certificate or degree.
- Spend at least 70 percent of the work week providing direct patient care.

Clinical support staff may include professions such as dental assistant, dental hygienist, expanded duties dental assistant, lab technician, licensed practical nurse, medical assistant, nursing aide, pharmacy technician, phlebotomist, registered nurse, ultrasound technician, and x-ray technician. (Please note that this is not an exhaustive list; however, CCHN cannot issue loan repayment for positions higher than a registered nurse or requiring more than a bachelor's degree).

Education Requirements: Applicants must have successfully completed a certificate or degree at an accredited health professions training institution. Degree programs currently in progress are not eligible for repayment. Education programs higher than a bachelor's degree are not eligible.

Loan Requirements: Loan repayment requests must be for education expenses related to the health professions training and the applicant's current position.

Additionally, the following requirements apply for loan repayment requests:

- Educational loans must be in the applicant's name and in good standing.
- Only educational debt from a completed degree or certificate program will be eligible.
- CCHN will make loan repayments directly to the lending institution or loan servicing organization and will not make payments to private parties or debt collectors.
- Educational loans must be current. CCHN will not reimburse loans that have already been successfully paid off.

Award Conditions

- The applicant is required to complete an employment commitment to the safety-net clinic of one year, upon receipt of the award and as specified in a contract.
- Awardees are required to complete an initial survey, six month evaluation, and twelve month employment verification.
- Awardees who do not complete a year of service to their safety-net clinic after their award for any reason other than death, disability or the written permission of CCHN, will be required to pay full loan award plus a 10% administrative fee back to CCHN.

Application Materials

Please ensure that the following documents are included with your application. Applications without the following materials will be considered incomplete and will not be eligible.

- Applicant information and employment information
- Loan repayment Information and proof of educational debt
- One supervisor letter of recommendation
- Signed and dated personal statement
- Documentation of successful completion of education/training program (such as copy of diploma/certificate or transcripts)
- Signed and dated applicant obligation statement

For questions, contact Margaret Davidson at 303-867-9514 at MDavidson@cchn.org or Angela Rose at 303-867-9511 at Angela@cchn.org, or visit our frequently asked questions page at www.cchn.org/kp-loan-repayment-faq/

Applications must be received by midnight **November 14, 2016**. Applications may be submitted by email to loanrepayment@cchn.org, or mailed to:

Colorado Community Health Network
c/o Margaret Davidson
600 Grant Street, Ste. 800
Denver, CO 80203

Kaiser Permanente Educational Loan Repayment for Safety-Net Clinical Support Staff Application

Complete applications must be received by midnight November 14, 2016. Late or incomplete applications will not be considered.

Applicant Information

Name: _____

Personal Address: _____

Apt. Number

City

State

Zip Code

Phone Number: _____ Preferred Email: _____

Employment Information

Employer: _____ Job Title: _____

Employment Category: Medical Dental Imaging Pharmacy Nutrition
 Program Coordinator Behavioral Health Other: _____

Brief Job Description: _____

Type of Clinic (e.g. federally-qualified health center, rural health clinic, community safety-net clinic, school-based clinic, free clinic): _____

Clinic Location Type ([Confirm Here](#)): Urban Rural Frontier

When did you start working for the safety-net clinic? (MM/YR): _____

Business Phone: _____ Business Email: _____

Clinic Address: _____

City

State

Zip Code

Supervisor's Name: _____ Supervisor's Position: _____

Supervisor's Email: _____ Supervisor's Phone: _____

Educational Background

Please list all health professions courses of study and degrees/certificates received. **Proof of completed health professions degree must be submitted with your application.**

Educational Institution	Location	Area of Study	Degree/Certificate Received	Date Received

Loan Repayment Information

The following statements are the terms of loan repayment. Please initial each statement to certify that you agree to these terms.

___ I understand that loan payments will be sent directly to my loan servicing company. The award will be sent in one lump sum check.

___ I certify that my debt is in good standing. I understand that loans that have been defaulted on and are now serviced by a collections agency will not be eligible.

___ I understand that I must complete one year of service after receiving loan repayment. If I do not complete one year of service, I agree to repay the total award amount and a 10% administrative fee to CCHN within one year.

___ I understand that only educational debt incurred while obtaining a health service degree/certificate is eligible for loan repayment.

___ I understand that I must provide proof of my educational debt and will submit relevant documents detailing my educational debt with my application.

___ I understand that loan repayment is taxable and I agree to seek tax advice if awarded. I understand that CCHN cannot provide tax advice.

Loan Servicer Name	Contact Information Payment Address/Phone Number	Total Amount of Debt

Have you received a Kaiser Permanente Loan Repayment Award before? If yes, please include date and amount of award: _____

Please list any other sources of loan repayment or scholarship you have applied for or have received: _____

Personal Statement

Please submit a personal statement with your application describing your experience with and commitment to serving underserved populations. Personal statements should be no longer than one typed page, and should be signed and dated. Be sure to address the following questions in your personal statement:

- Why are you applying for loan repayment and how will this program help you achieve your personal or professional goals?
- How has your background influenced your commitment to practicing primary care and serving the medically underserved? Why are you committed to serving the underserved?
- What led you to a career in a health profession?
- Do you plan to remain at your current site after your service obligation is complete? Why or why not? Please include a description of your current position at your safety-net clinic.

Letter of Recommendation

As part of the application process, you are required to submit a letter of recommendation from your supervisor at your safety-net clinic. Letters should include information supporting your loan repayment application detailing how you are committed to working with your safety-net clinic and underserved populations.

Employment Verification

CCHN will contact employers to verify that the applicant is currently employed at a safety-net clinic in the capacity described in this application. Please provide the following information to allow CCHN to verify employment.

Human Resources Manager/Contact: _____

HR Contact Email: _____ HR Contact Phone: _____

I authorize CCHN to contact my employer to verify that the information provided in this application is accurate to the best of my knowledge.

Signed: _____ Date: _____

Applicant Obligation Statement

Please initial the following statements to verify that you agree to the terms of loan repayment if awarded.

_____ I agree to participate in one financial management and four leadership/skill development webinars (for a total of five webinars) if I receive a loan repayment award.

_____ I agree to complete a one year service commitment to my safety-net clinic if awarded loan repayment. I understand that if I do not follow through with this commitment, I will be required to repay the total award amount plus a 10% administrative fee to CCHN.

_____ I understand that this award is taxable as income and that CCHN cannot provide tax advice. I agree to seek outside tax advice if awarded loan repayment.

I certify that the information in this application is true and accurate to the best of my knowledge.

Signed: _____ Date: _____

Submission Check List

Please ensure that the following documents are included with your application. Applications without the following materials will be considered incomplete and will not be eligible.

- Applicant information and employment information
- Loan repayment information and proof of educational debt
- One supervisor letter of recommendation
- Signed and dated personal statement
- Documentation of successful completion of education/training program (such as copy of diploma/certificate or transcripts)
- Signed and dated applicant obligation statement

Applications can be emailed to loanrepayment@cchn.org, or mailed to the address below.

Submit completed applications with all application materials by midnight **November 14, 2016** to:

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Denver, CO 80203